




WIA APPLICATION

Social Security Number: _____ - _____ - _____		
Last Name:		First Name:
Address:		
City:	State:	Zip:
Phone: Home	Cell	E-mail:
Service Provider:		Case Manager:

	SEEKER ENTRY- BASIC	DATE OF BIRTH:	
		CITIZEN STATUS:	
		Yes	Non Citizen
		Eligible Non Citizen	
		GENDER:	
		Male	Female
		HISPANIC/LATINO:	
		Yes	No
		WIASRD RACE:	
		White	Native American
		Asian	Hawaiian/Native Islander
		Black/African	
		LIMITED ENGLISH PROFICIENCY:	
		Yes	No
		INDIVIDUAL WITH DISABILITY:	
Yes	No		
CATEGORY OF DISABILITY:			
Physical impairment	Both physical and mental impairment		
Mental impairment			
HOMELESS:			
Yes	No		
UNEMPLOYMENT COMPENSATION ELIGIBLE STATUS:			
Claimant referred by WPRS	Exhausted benefits		
Claimant not referred by WPRS	Neither claimant or Exhausted		
OFFENDER:			
Yes	No		
PRE-PROGRAM EMPLOYMENT STATUS:			
Employed	Not employed		
Employed but received notice of termination			
MIGRANT STATUS:			
Seasonal farmworker			
Migrant food processor			
Migrant agricultural worker			
PRIMARILY EMPLOYED IN FARMWORK:			
At least 50% income earned	Both 1 and 2		
At least 50% work time	No		
MINIMUM THRESHOLD OF FARM WORK PERFORMED:			
At least 25 days worked	Both 1 and 2		
At least \$800 earned	No		
	SEEKER ENTRY- VETERAN	VETERAN STATUS:	
		N - None	V - Regular Veteran
		O - Other Eligible Person	D - < 30% DISABLED
		R - Reserve/Natl. Guard	S - > 30% DISABLED
		L - Less than or = 180 DAYS	
		CAMPAIGN VETERAN:	
Yes	No		
DATE OF ACTUAL MILITARY SEPARATION:			
TRANSITIONING SERVICE MEMBER:			
RETIREMENT	DISCHARGE		
SERVICE DATES:			
FROM:	TO:		
	SEEKER ENTRY- EDUC/CERT	EDUCATION STATUS:	
		Not Attending School-H.S. Graduate	In School, H.S.
		Not Attending School-H.S. Dropout	In School, Alternative School
HIGHEST GRADE COMPLETED:			

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Revised 2/2008

	ASSESSMENT- EDUCATION	PELL GRANT RECIPIENT: Yes No	
	ASSESSMENT- SUPPORT SYSTEM	1ST CONTACT NAME/RELATION: PHONE:	
		2ND CONTACT NAME/RELATION: PHONE:	
	ELIGIBILITY- APPLICATION	FAMILY SIZE: # DEPENDENTS < 18: MONTHLY FAMILY INCOME: SELECTIVE SERVICE (MALE BORN AFTER 12/31/59): Yes registered male Exempt-including females No not a registered male SELECTIVE SERVICE REGISTRATION #: LAYOFF DATE (MONTH/DAY/YEAR): EMPLOYER/COMPANY NAME:	
	ELIGIBILITY- APPLICATION- YOUTH PROGRAM ONLY	PREGNANT OR PARENTING YOUTH: Yes No FOSTER CHILD: Yes No HOMELESS: Yes No DROPOUT: Yes No RUNAWAY: Yes No OFFENDER: Yes No BASIC SKILLS DEFICIENT: Yes No ONE OR MORE GRADE LEVELS BELOW APPROPRIATE FOR AGE: Yes No MIGRANT YOUTH: Yes No AGED OUT OF FOSTER CARE: Yes No INCARCERATED PARENT: Yes No LIMITED ENGLISH PROFICIENT: Yes No LACKS OCCUPATIONAL GOALS/SKILLS: Yes No DISABILITIES (INCLUDING LEARNING): Yes No YOUTH IN JUVENILE JUSTICE SYSTEM: Yes No NATIVE AMERICAN: Yes No	
	6TH BARRIER YOUTH PROGRAM ONLY	NO VOCATIONAL/EMPLOYMENT GOALS: Yes No BELOW AVERAGE GRADES: Yes No POOR WORK HISTORY: Yes No FIRED FROM JOB WITHIN 6 MONTHS: Yes No	
	ELIGIBILITY- ELIGIBILITY	SINGLE PARENT: Yes No CURRENT EDUCATION STATUS: In school, Alternative school In school, H.S. or less Not attending school or Dropout In school, Post H.S. Not attending school - H.S. graduate HIGHEST GRADE COMPLETED: DISPLACED HOMEMAKER (FEDERAL DEFINITION): Yes No FOOD STAMPS IN LAST 6 MONTHS: Yes No RECEIVING TANF: Yes No RECEIVING SSI/SSDI: SSI only Yes, both SSI and SSDI SSDI only No RECEIVING GA/RA: Yes No STATE DISPLACED HOMEMAKER: Yes No	

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud if I intentionally supplied inaccurate or misleading information. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I have been advised of the Privacy Act of 1974 and my rights to file a complaint.

WIA is an equal opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities. If you believe that you have been treated unfairly during your participation you may file a grievance for up to one year after the alleged occurrence. You will have an opportunity for an informal resolution and/or a hearing within 60 days of filing the grievance. You may file a grievance directly with the service provider or with the State WIA Grievance Officer, Workforce Services Division, P.O. Box 1728, Helena, Montana 59624. The service provider will assist you with filing the grievance if requested.

Signature of Applicant: _____ / _____ / _____
SIGN PRINT DATE

Signature of Interviewer: _____ / _____ / _____
SIGN PRINT DATE